



MacDermid
INCORPORATED



RDMS DocID 00100849

RCRA RECORDS CENTER
FACILITY MACDERMID
I.D. NO. CT000164599
FILE LOC. R-1A
OTHER RDMS # 100849

245 FREIGHT STREET - WATERBURY, CT 06702 - TELEPHONE (203) 575-5700 - TELEX 4436011 - INTL. FAX 203-575-7900 - DOM. FAX 203-575-5630

September 12, 1991

Mr. George Dews
Connecticut Department of
Environmental Protection
165 Capitol Avenue
Hartford, CT 06106

Dear Mr. Dews:

The attached revised documentation regarding MacDermid's Part A Interim status reflects additions to Waste Numbers as received on-site under 40CFR 264/265.

Following waste numbers were added to the Part A:

D004
D005
D006
D007
D009
D010
D011

Sincerely,

Cherrie D. Gillis
Manager, Regulatory Affairs

Enc.

RECEIVED

SEP 18 1991

DEP- Waste Management Bureau
Waste Engineering & Enforcement
Permits

FORM 1 GENERAL	 ENVIRONMENTAL PROTECTION AGENCY GENERAL INFORMATION Consolidated Permits Program <i>(Read the "General Instructions" before starting.)</i>	I. EPA I.D. NUMBER <div style="border: 1px solid black; padding: 2px; font-family: monospace; font-size: 0.8em;"> CT D 0 0 1 1 6 4 5 9 9 </div>
LABEL ITEMS I. EPA I.D. NUMBER III. FACILITY NAME V. FACILITY MAILING ADDRESS VI. FACILITY LOCATION		GENERAL INSTRUCTIONS If a preprinted label has been provided, affix it in the designated space. Review the information carefully. If any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete Items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the Instructions for detailed item descriptions and for the legal authorizations under which this data is collected.
PLEASE PLACE LABEL IN THIS SPACE <div style="position: absolute; top: 50%; left: 50%; transform: translate(-50%, -50%); opacity: 0.5;"> SEP 18 1991 </div>		

II. POLLUTANT CHARACTERISTICS

INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.

SPECIFIC QUESTIONS	MARK "X"			SPECIFIC QUESTIONS	MARK "X"		
	YES	NO	FORM ATTACHED		YES	NO	FORM ATTACHED
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		X		B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)		X	
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)		X		D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)		X	
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)	X		X	F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one-quarter mile of the well bore, underground sources of drinking water? (FORM 4)		X	
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X		H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		X	
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X		J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X	

III. NAME OF FACILITY

1	SKIP	MACDERMID INCORPORATED
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IV. FACILITY CONTACT

NAME AND TITLE (last, first, & title) <div style="border: 1px solid black; height: 20px;"></div>	PHONE (area code & no.) <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">203</div> <div style="border: 1px solid black; padding: 2px;">575</div> <div style="border: 1px solid black; padding: 2px;">5700</div> </div>
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V. FACILITY MAILING ADDRESS

STREET OR PO BOX <div style="border: 1px solid black; padding: 2px;">526 HUNTINGDON AVENUE</div>	CITY OR TOWN <div style="border: 1px solid black; padding: 2px;">WATERBURY</div>
STATE <div style="border: 1px solid black; padding: 2px;">CT</div>	
ZIP CODE <div style="border: 1px solid black; padding: 2px;">06708</div>	

VI. FACILITY LOCATION

STREET, ROUTE, NO. OR OTHER SPECIFIC IDENTIFIER <div style="border: 1px solid black; padding: 2px;">526 HUNTINGDON AVENUE</div>	COUNTY NAME <div style="border: 1px solid black; padding: 2px;">NEW HAVEN</div>
CITY OR TOWN <div style="border: 1px solid black; padding: 2px;">WATERBURY</div>	
STATE <div style="border: 1px solid black; padding: 2px;">CT</div>	
ZIP CODE <div style="border: 1px solid black; padding: 2px;">06708</div>	

CONTINUED FROM THE FRONT

I. SIC CODES (4-digit, in order of priority)

A. FIRST 2 8 9 9 (specify) Chemical Preparations				B. SECOND 5 7 (specify)			
C. THIRD (specify)				D. FOURTH (specify)			

III. OPERATOR INFORMATION

A. NAME MACDERMID INCORPORATED												B. Is the name listed in Item VIII-A also the owner? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.) F - FEDERAL M - PUBLIC (other than federal or state) S - STATE O - OTHER (specify) P - PRIVATE P (specify)										D. PHONE (area code & no.) 2 0 3 5 7 5 5 7 0 0			
E. STREET OR P.O. BOX 5 2 6 HUNTINGDON AVENUE													
F. CITY OR TOWN WATERBURY						G. STATE CT		H. ZIP CODE 0 6 7 0 8		IX. INDIAN LAND Is the facility located on Indian lands? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			

EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water) N C T 0 0 2 4 9 8 8										D. PSD (Air Emissions from Proposed Sources) 9 P									
B. UIC (Underground Injection of Fluids) U										E. OTHER (specify) D E P / H W M 0 2 8 CT Interim Storage Permit									
C. RCRA (Hazardous Wastes) R										E. OTHER (specify) C T H W 3 3 0									

MAP


attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

I. NATURE OF BUSINESS (provide a brief description)

The principle business of MacDermid, Inc. is the manufacture and sale of process chemicals to the metal finishing, plating on plastics, electronics, micro electronics and surface treatment industries. MacDermid also provides a recycling service for certain specialty chemical products returned by their customers. Through such manufacturing and recycling operations, hazardous wastes are generated and stored temporarily on-site. Ultimately, all wastes are either: recycled on-site for resale to customers; or shipped off-site by certified waste haulers and disposed of at permitted hazardous waste disposal facilities.

II. CERTIFICATION (see instructions)

certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

NAME & OFFICIAL TITLE (type or print) X Arthur J. LoVetere Vice Chairman of the Board		B. SIGNATURE 		C. DATE SIGNED Sept. 12, 1991	
REMARKS FOR OFFICIAL USE ONLY					

FORM 3	EPA	U.S. ENVIRONMENTAL PROTECTION AGENCY HAZARDOUS WASTE PERMIT APPLICATION <i>Consolidated Permit Process</i> <i>(Additional information is required in certain cases, see EPA Form 3510-3)</i>	1. EPA I.D. NUMBER <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> CTD0001164599 17A </div>
FOR OFFICIAL USE ONLY			
APPLICATION DATE RECEIVED: 11 11 1991 APPROVED: 11 11 1991			
II. FIRST OR REVISED APPLICATION			
Place an "X" in the appropriate box in A or B below (mark <u>one</u> box only) to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.			
A. FIRST APPLICATION (place an "X" below and provide the appropriate date): <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input checked="" type="checkbox"/> 1. EXISTING FACILITY (See instructions for definition of "existing" facilities. Complete item below.) <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;"> C 8 </div> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;"> YR. 72 </div> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;"> MO. 05 </div> <div style="border: 1px solid black; padding: 2px;"> DAY 01 </div> </div> <div style="margin-left: 10px;"> FOR EXISTING FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED (use the boxes to the left). </div> </div> <div style="width: 45%;"> <input type="checkbox"/> 2. NEW FACILITY (Complete item below.) <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;"> YR. </div> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;"> MO. </div> <div style="border: 1px solid black; padding: 2px;"> DAY </div> </div> <div style="margin-left: 10px;"> FOR NEW FACILITIES: PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR IS EXPECTED TO BEGIN </div> </div> </div>			
B. REVISED APPLICATION (place an "X" below and complete Item I above): <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input checked="" type="checkbox"/> 1. FACILITY HAS INTERIM STATUS </div> <div style="width: 45%;"> <input type="checkbox"/> 2. FACILITY HAS A RCRA PERMIT </div> </div>			
III. PROCESSES - CODES AND DESIGN CAPACITIES			
A. PROCESS CODE - Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided on the form (Item III-C).			
B. PROCESS DESIGN CAPACITY - For each code entered in column A enter the capacity of the process.			
1. AMOUNT - Enter the amount. 2. UNIT OF MEASURE - For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.			
PROCESS	CODE	DESIGN CAPACITY	
Storage:			
CONTAINER (barrel, drum, etc.)	S01	GALLONS OR LITERS	
TANK	S02	GALLONS OR LITERS	
WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS	
SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS	
Disposal:			
INJECTION WELL	D79	GALLONS OR LITERS	
LANDFILL	D80	ACRE-FEET (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER	
LAND APPLICATION	D81	ACRES OR HECTARES	
OCEAN DISPOSAL	D82	GALLONS PER DAY OR LITERS PER DAY	
SURFACE IMPOUNDMENT	D83	GALLONS OR LITERS	
PROCESS	CODE	DESIGN CAPACITY	
Treatment:			
TANK	T01	GALLONS PER DAY OR LITERS PER DAY	
SURFACE IMPOUNDMENT	T02	GALLONS PER DAY OR LITERS PER DAY	
INCINERATOR	T03	TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR	
OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Item III-C.)	T04	GALLONS PER DAY OR LITERS PER DAY	
UNIT OF MEASURE	CODE		
GALLONS	G		
LITERS	L		
CUBIC YARDS	Y		
CUBIC METERS	C		
GALLONS PER DAY	U		
UNIT OF MEASURE	CODE		
LITERS PER DAY	V		
TONS PER HOUR	D		
METRIC TONS PER HOUR	W		
GALLONS PER HOUR	E		
LITERS PER HOUR	H		
UNIT OF MEASURE	CODE		
ACRE-FEET	A		
HECTARE-METER	F		
ACRES	B		
HECTARES	Q		

EXAMPLE FOR COMPLETING ITEM III (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

<div style="display: flex; justify-content: space-between;"> C DUP 17A C 1 </div>									
LINE NUMBER	A. PROCESS CODE (from list above)	B. PROCESS DESIGN CAPACITY		FOR OFFICIAL USE ONLY	LINE NUMBER	A. PROCESS CODE (from list above)	B. PROCESS DESIGN CAPACITY		FOR OFFICIAL USE ONLY
		1. AMOUNT (specify)	2. UNIT OF MEASURE (enter code)				1. AMOUNT	2. UNIT OF MEASURE (enter code)	
X-1	S 0 2	600	G		5				
X-2	T 0 3	20	E		6				
1	S 0 1	82,170	G		7				
2	S 0 1	26 (Roll-Off)	Y		8				
3	S 0 2	29,000	G		9				
4					10				

II. PROCESSES (continued)

SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES (code "T01"). FOR EACH PROCESS ENTERED HERE, INCLUDE DESIGN CAPACITY.

V. DESCRIPTION OF HAZARDOUS WASTES

EPA HAZARDOUS WASTE NUMBER — Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

ESTIMATED ANNUAL QUANTITY — For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.

UNIT OF MEASURE — For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE CODE
POUNDS P
TONS T

METRIC UNIT OF MEASURE CODE
KILOGRAMS K
METRIC TONS M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

1. PROCESSES

1. PROCESS CODES:

For listed hazardous waste: For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
2. In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below) — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NO. X-1 X-2 X-3 X-4	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES					
				1. PROCESS CODES (enter)				2. PROCESS DESCRIPTION (if a code is not entered in D(1))	
X-1	K 0 5 4	900	P	T 0 3	D 8 0				
X-2	D 0 0 2	400	P	T 0 3	D 8 0				
X-3	D 0 0 1	100	P	T 0 3	D 8 0				
X-4	D 0 0 2							included with above	

EPA I.D. NUMBER (enter from page 1)										FOR OFFICIAL USE ONLY									
C T D 0 0 1 1 6 4 5 9 9										DUP									
DESCRIPTION OF HAZARDOUS WASTES (continued)										D. PROCESSES									
LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)		B. ESTIMATED ANNUAL QUANTITY OF WASTE		C. UNIT OF MEASURE (enter code)	1. PROCESS CODES (enter)								2. PROCESS DESCRIPTION (if a code is not entered in D(1))					
	23	25	26	27		28	29	30	31	32	33	34	35	36					
1																			
2	D	0	0	1	700,000	P	S	0	1										
3	D	0	0	2	61,500	P	S	0	1	S	0	2							
4	D	0	0	4	10,000	P	S	0	1	S	0	2							
5	D	0	0	6	12,000	P	S	0	1	S	0	2							
6	D	0	0	7	10,000	P	S	0	1	S	0	2							
7	D	0	0	8	116,500	P	S	0	1	S	0	2							
8	D	0	0	9	10,400	P	S	0	1	S	0	2							
9	D	0	1	0	10,000	P	S	0	1	S	0	2							
10	F	0	0	2	10,000	P	S	0	1										
11	F	0	0	3	10,000	P	S	0	1										
12	F	0	0	5	5,000	P	S	0	1										
13	F	0	0	6	250,000	P	S	0	1										
14	U	1	5	4	2,000	P	S	0	1										
15	U	0	0	2	1,000	P	S	0	1										
16																			
17	D	0	0	2	3,390,000	P	S	0	1	S	0	2							
18	D	0	0	4	3,390,000	P	S	0	1	S	0	2							
19	D	0	0	9	3,390,000	P	S	0	1	S	0	2							
20	D	0	1	0	3,390,000	P	S	0	1	S	0	2							
21	D	0	0	8	3,440,000	P	S	0	1	S	0	2							
22	D	0	0	6	3,390,000	P	S	0	1	S	0	2							
23	D	0	0	7	3,390,000	P	S	0	1	S	0	2							
24	D	0	0	5	3,390,000	P	S	0	1	S	0	2							
	D	0	1	1	3,390,000	P	S	0	1	S	0	2							
25	D	0	0	1	50,000	P	S	0	1	S	0	2							
26																			

E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE

CONTINUE ON PAGE 5

See Figure 2.1 of this Permit Application.